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ABSTRACT

A comparison was made of the effects of systematic desensitization, a "sensitization" treatment (designed to increase awareness of anxiety) and no-treatment on the reduction of beginning counselors' anxiety. Forty-one counseling graduate students, assigned to one of the three conditions, served as subjects. With treatments intervening, the subjects participated in pre-post counseling interviews with a client-accomplice. Four basic types of anxiety measures were employed for a total of twelve individual measures. Subjects were treated in groups of six to nine. The pre-post experimental task was for the subjects to interpret an interest task and to counsel a client on any related personal problem. Analysis of the post anxiety measure showed no differences between the treatment groups but, in comparison to a no-treatment control group, both treatments were associated with significant anxiety reduction on four measures related to extraneous body movement and self-reported anxiety. (Author/BW)

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A COMPARISON OF SYSTEMATIC DESENSITIZATION AND "SENSITIZATION" TREATMENTS FOR REDUCING COUNSELOR ANXIETY

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Anxiety, with its concomitant disruptive effects, has long been a primary variable in psychology and counseling research. For the past 20 years, experimenters have been reporting characteristics of its response interference in many types of laboratory tasks, e.g., complex learning (Farber and Spence, 1953), incidental learning (Silverman, 1964), and serial learning, e.g., (Winkel and Sarason, 1964). In addition, studies of social interaction and interview behavior have confirmed its disruptive effects in those situations. Anxious subjects and/or clients tend to be less relevant in their social interactions (Calvert, 1950); less frank or conscientious (Davitz, 1960); speak less and make more negative self-referents (Winkel, 1966); display greater defensiveness (Boor and Schill, 1967); and, have reduced communicative efficiency (Gynther, 1967).

This data suggest that the therapeutic effectiveness of a counselor is reduced if he is anxious. Several studies (Bandura, 1956; Luborsky, 1952) have, in fact, found that there is a negative relationship between the counselor's anxiety level and his therapeutic

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competence. It is also likely that he could "inoculate" his client with a heightened anxiety level that would in turn hamper the client. Truax and Carkhuff (1967) described this effect in their "principle of reciprocal affect." This would reduce joint effectiveness where communication, perceptual distortion and problem solving ability are essential.

Researchers (Russell and Snyder, 1963; Monke, 1971) have suggested that the beginning counselor should experience considerable anxiety due to a limited response repertoire and to being evaluated. They argue that some type of therapeutic procedure should be instituted that would facilitate the counselor trainee's ability to control his anxiety and, logically, to enhance his therapeutic affectiveness. While some procedures, e.g., sensitivity training, undergoing psychoanalysis, have been used in the past to help beginning counselors, their therapeutic targets have been more generic than specific in treating anxiety. With the development of behavioral modification procedures in desensitization (Wolpe, 1958), a potentially effective treatment became available.

Monke (1971) attempted to use the technique of desensitization to reduce the initial anxiety experiences of beginning counselor trainees. Contrary to other desensitization research (Paul, 1966), he found that, except for positive self-report, subjects who had undergone desensitization were not different than control subjects on physiological measures of anxiety or on ratings of counseling effectiveness. Methodological limitations of Monke's study, in terms of the amount of desensitization training, limited multi-method instrumentation and the absence of a "pseudo treatment" or "attention-placebo" group, suggest that further research is needed. This study was designed to replicate and

extend the research suggested by Monke through the use of a more extensive desensitization treatment, the use of different and multiple anxiety measures, and the inclusion of an attention-placebo, as well as a no-treatment control group (Paul, 1969). The extensive previous use of sensitivity training (Gibb and Gibb, 1968) in counselor education suggests that some type of group activity designed to "sensitize" the subject to his affective state would make an ideal attention-placebo comparison group.

Thus, this research centered upon the comparison of two treatments to reduce counselor anxiety. Accordingly, the hypotheses proposed were that systematic desensitization would show a greater reduction in counselor anxiety than a "sensitization" group (designed to focus on counselor awareness of anxiety) which would in turn show a greater reduction in counselor anxiety than a no-treatment control group.

METHOD

Subjects

Forty-one master's and doctoral candidates enrolled in one of three sections of a graduate level introduction to counseling course served as Ss.

Therapists

There were two male therapists. Both had completed all of the requirements but dissertation for a Ph.D. in clinical psychology. Both therapists had participated in over 100 hours of "t-group" experience. One therapist had also completed a supervised practicum course in systematic desensitization. Additional training and readings in desensitization procedures were developed for both.

Use of a Client-Actor

In order that the anxiety generated by the client stimulus was held relatively constant across Ss, a client-actress was used. The client-accomplice was a 19-year-old female who had had several years of training in a university theater department.

Anxiety Measures

Four basic types of anxiety measures were employed with a total of 12 individual measures. As indicated earlier, the experimental rationale behind using a number of anxiety measures is that of the multi-dimensional manifestations of anxiety. (Cartwright, Kirtner & Fiske, 1963; Jackson & Bloomberg, 1958; O'Conner, Lorr, & Stafford, 1956).

The four basic measurement types were client-accomplice estimate (Russell & Snyder, 1963); serial learning (Beam, 1955; Noble, 1952); a number of unobtrusive interview measures of verbal behavior, body movement (Boomer, 1963; Boomer & Dittmann, 1964; Paul, 1966), eye blink (Ponder & Kennedy, 1927; Russell & Snyder, 1963; Taylor, 1951); and, self-report. The two self-report instruments used were the Counselor Confidence Questionnaire (Gilkenson, 1942; Paul, 1966) and the Anxiety Differential, a measure of state anxiety (Husek & Alexander, 1963). Verbal behavior regarded as indicative of anxiety was increased productivity and speech disturbance (Dibner, 1956; Krause & Pilisuk, 1961; Kasl & Mahl, 1965; Mahl, 1956).

Treatments

Sensitization. The purpose of this group was to allow members to become sensitized to feelings and behaviors stemming from their anxieties. The rationale was that by exposing their fears and with group

feedback and acceptance in response, members would learn that their anxieties may not be valid (Gibb & Gibb, 1968).

Systematic desensitization. The systematic desensitization procedure employed was a slightly modified group form of that advanced by Wolpe (Wolpe, 1958; Wolpe & Lazarus, 1966).

Procedure

Treatment procedures. Ss were treated in groups of six to nine. Treatment was limited to four contact hours over a period of three weeks. Each therapist conducted one group of each type. Total treatment time was equal for both treatments, but the number of contacts was twice as frequent for the desensitization group, six, as compared to three for the sensitization group.

Clients and the Interview Task. The pre post experimental task was for the Ss to interpret an interest test and to counsel a client on any related personal problems. The treatments intervened between the two interviews. The clients (actually the client-accomplice) were described to the Ss as students in study skills classes having academic and vocational problems. The Kuder DD (Kuder, 1966) was employed for the first interview, the Strong Vocational Interest Blank (Campbell, 1969) was used for the second.

The client-accomplice was instructed to maintain the same generally friendly behavior with each counselor. She worked from a script which contained expressions of skepticism about the test and therefore about the counselors' interpretations of her test results. Ss who recognized the client-subterfuge were eliminated.

The various anxiety measures were taken prior to, during, and immediately following the interviews.

Data Analysis

A multivariate analysis of variance (MANOVA) program was used (Clyde, Cramer & Sherin, 1966). The program provided multivariate F ratios and probability levels of main and interaction effects, as well as univariate F ratios corresponding to each variable.

Analysis plan. A preliminary 2 x 2 MANOVA was performed with therapists and treatments as the design factors to ascertain possible differential therapist effects.

Two designs were used for the analysis of the tests of the hypotheses. This procedure was necessary because there was not a sufficient number of Ss relative to the number of dependent variables being tested to permit a MANOVA test of three main effects. With the control group omitted, the first design compared treatments; with treatments collapsed, the second design compared treatments with the control group.

Alpha level. The multivariate test of significance used was the Wilks Lambda criterion. The alpha level considered significant was .05.

RESULTS

Preliminary Test of Differential Therapist Effect

The interaction between therapists and treatment factors was nonsignificant ($F = .79$, $df = 10/3$, $p < .906$), as was the main effect associated with the therapist factors ($F = .79$, $df = 10/3$, $p < .660$). It could, therefore, be assumed that therapist effect on outcome was uniform for each therapist.

Results of the Tests of the Hypotheses

First, with the control group omitted, the two treatment groups were compared in a design in which the number of Ss exposed to each treatment was 12 for "sensitization" and 14 for systematic desensitiza-

tion. In the second design, the combined treatment groups were compared with the control group. The number of Ss exposed to each was 26 for the treatments and 16 for the control.

Comparison of treatments. Comparison of the treatment factors was central to the purpose of this study. The multivariate F was non-significant ($F = .73$, $df = 10/3$, $p < .693$). The hypothesis, that desensitization would show a greater reduction in counselor anxiety than "sensitization", was rejected.

Comparison of treatments vs. control. A significant result was found for the multivariate main effect for the treatments vs. control factors ($F = 4.16$, $df = 10/19$, $p < .004$). Univariate F tests for three of the ten dependent variables associated with this analysis were significant.

Two variables, Speech Distrubance and Speech Productivity, were not included in the multivariate analyses. There were missing data for these variables and computation techniques for multivariate tests do not allow for estimation of the effects of missing data. These measures were tested by a separate univariate analyses of covariance. A significant result was found for Speech Disturbance ($F = 4.41$, $df = 1/32$, $p < .05$).

The results of the separate univariate analyses brought to four the number of significant dependent variables (speech disturbance, extraneous body movement, extraneous small hand movement and the anxiety differential) associated with treatment versus control groups comparisons. These results suggest that the systematic desensitization and "sensitization" treatments produced a greater reduction in counselor anxiety than no treatment.

The discriminate function which best distinguished between the three groups was labeled "extraneous body movement and self-perceived anxiety."

DISCUSSION

The hypothesis that desensitization would show a greater reduction in counselor anxiety than an affect-insight oriented "sensitization" procedure was not confirmed. However, it was found that the two treatment procedures were effective in reducing anxiety. Four of 12 dependent variables related to extraneous body movements and self-perceived anxiety significantly demonstrated this difference. This data confirms Monke's (1971) findings on self-report.

These results, however, are somewhat puzzling as the procedures appear quite different, one from the other. It is evident that future research is necessary to isolate the common properties which effect counselor anxiety reduction.

Two research directions that suggest themselves are in the area of social influence and cognitive processes. The work in patient-therapist expectancies (Goldstein, 1962), experimenter bias (Rosenthal, 1963), cognitive rehearsal (Folkins, Lawson, Opton & Lazarus, 1968), cognitive appraisal of threat (Lazarus & Alfert, 1964) and "relabeling" of emotional experiences (Schachter & Singer, 1962) all provide potential exploratory constructs to reconcile the manifest differences of the treatments.

Until this future research is completed, however, this data suggests that counselor anxiety is modifiable and it argues for the inclusion of some treatment procedure in counselor training.

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